



# CA-11 DMAT



## Sacramento Disaster Medical Assistance Team

Volume 1, Number 7, December 2002

### Message From the Unit Commander

The holidays are a special time of the year. We hear familiar music, and see sacred symbols. For many of us, it evokes thoughts and feelings of family, of home, of faith, and, of giving.

While much of the giving that occurs during the holidays is of a commercial nature, we can also see giving of a different nature. Many give of themselves, of their time and of their efforts. Many make the choice to leave the comfort of their homes, and the warm sentiment that prevails this time of year, to serve their country, to preserve our highest ideals, and ultimately to serve our fellow man.

People that have made this choice will not be home for holidays. Tens of thousands that have made the choice of military service, are in locations far from home. Many others that have made the choice to volunteer for a Disaster Medical Assistance Team, also will not be home for the holidays. Currently there are members of DMATS, including CA-4 (San Diego) that will be spending December 25 in Guam, helping the victims of the recent typhoons.

These honorable individuals will not be here for the traditional gift exchange. But, they will be bearing gifts of tremendous worth. They have the opportunity to prevent the loss of life, and to preserve hope for disaster victims. This affects not only the disaster victim, but those in the life of the disaster victim. And, the posterity of the disaster responder receives a gift... the legacy of one who gave of him, or herself for his country, and his fellow man. As a member, or future member of DMAT CA-11, you are this kind of giver this holiday season.

David Sprenger  
CA-11 Unit Commander

### Upcoming Event Schedule

**January 16, 19:00 - General Meeting**

#### Directions to General Meetings:

*10173 Croydon Way, #4, Rancho Cordova*

Take the Mather Field Road exit off of US 50 and head north, towards Folsom Blvd. Turn Left on Croyton Way.

**Team Website: [www.dmatca11.org](http://www.dmatca11.org)**



*Julie Hamilton facilitates a hands on Triage Training at our Camp Sacramento Field Exercise in October which was held at Cal Expo*



## To CISM or not to CISM, That is the Question

The use of Critical Incident Stress Management (CISM) as a method of reducing the psychological trauma inflicted on emergency response personnel is now fairly common. In fact, CISM teams exist in hundreds of local, state, and federal agencies nationwide.

The International Critical Incident Stress Foundation (ICISF) identifies three characteristics of persons experiencing a "crisis" as a result of exposure to a traumatic event:

- Their psychological equilibrium (homeostasis) has been disrupted;
- Their usual coping mechanisms have failed to reestablish homeostasis;
- Their distress yields some evidence of functional impairment.

The ICISF defines Critical Incident Stress Management as a "comprehensive, integrated multicomponent crisis intervention system." Unlike the popular notion that CISM involves only "debriefings," CISM describes a wide range of techniques which can be applied in many situations, and for many purposes. These techniques include individual crisis intervention, small group interventions (debriefings and defusings), and large group and mass disaster techniques such as demobilizations for emergency workers, Crisis Management Briefings for large civilian or school populations, and techniques involving the family members of emergency workers. Common non-disaster applications of CISM include the line-of-duty death of an emergency responder, or the suicide of a co-worker.

CISM can be provided by an external team of persons specifically organized to provide CISM services, or can

be done by members of an organization as a service to their peers or co-workers. Whether organized internally or externally, teams generally consist of a mental health professional, a number of trained peers, and a member of the clergy. Persons experiencing psychological issues beyond the scope of the CISM team's training are referred to appropriate professional mental health services.

The most recent review of psychological intervention related to disasters is the September, 2002 Consensus Report issued by the National Institute of Mental Health (Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims/Survivors of Mass Violence. A Workshop to Reach Consensus on best practices. NIH Publication No. 02-5138). The report acknowledges the value of psychological intervention within the first month after exposure to a disaster event, and recommends high quality, empirically defensible training in specific interventions and strategies for response. The report uses the term "psychological first aid" as a way to explain the level of care involved in interventions. This terminology is consistent with that used by the ICISF for CISM interventions, which are all forms of crisis intervention.

In my career, first as a police officer and then as a volunteer firefighter, I've had the occasion to participate in several critical incident stress interventions. I believe they made a difference in terms of my ability to cope with the events I experienced. It motivated me to seek out the CISM training so that I might be able to help others. I have now completed the Basic, Advanced, and Individual and Peer Support courses taught by the ICISF. Whether our team decides to pursue having organic CISM resources or not, it's worth knowing that these services are available to emergency responders from a number of sources. Further information is available at [www.icisf.org](http://www.icisf.org).

*Jim Acosta  
Treasurer, CA-11*



*CA 11 watches a CHP helicopter landing at Camp Sacramento*

### Team Officers

Unit Team Commander - David Sprenger M.D.  
President - Julie Hamilton  
Vice-President - VACANT  
Secretary - Jim Rich  
Treasurer - James Acosta  
Plans Chief - Penny Miller  
Operations Chief - Terry Motschenbacher  
Logistics Chief - Cary Chavez  
Administrative Officer - Sheila Martin  
Training Officer - Gordon Worley  
Threat Assessment Officer - VACANT  
Public Information Officer - Kelly Scot Moore  
Newsletter - Robert Newsad



## Our DMAT Teams Up with CDF

During this past fire season five CA-11 members served on six-person CDF/DMAT Medical Strike Teams, funded by the CDF, and organized by CA-6, the Bay Area DMAT. Three of those members were interviewed for this story.

On September 29 Brian Maloney responded to the Croy Fire, near Gilroy, as part of a CA-6 Medical Strike Team. He served as an EMT-I alongside our Unit Commander, Dr. Dave Sprenger. Brian helped fill out and process the intake paperwork needed for treatment. The forms resembled patient care reports, with a chief complaint section, vitals section, and diagnosis and treatment sections, plus questions for internal tracking.

Brian and Dave helped many poison oak patients and also a few patients that needed sutures. One CDF firefighter cut open a finger, which required 6 sutures. Brian did all the preparation work needed for that. A CDC inmate also came in with his upper lip split open about 3/4 of an inch, which required 4 sutures. The inmate was more concerned about Brian shaving off his mustache than about keeping his lip in alignment.

Brian's Medical Strike Team became known as the Australian Medical Team. This occurred when one of the medical strike team members arrived at base camp with his boonie hat brim tied up and asked an inmate where the medical tents were located. The news spread like wild fire through CDC that they were Aussies and the name stuck.

Dr. Rich Wampler served on a CDF/DMAT medical strike team for four nights and three days in August at the Pines Fire, which burned near Julian, in San Diego County. He was stationed along with 3,700 other personnel at a sprawling CDF fire camp. The camp contained a huge infrastructure supporting the fire fight, which included sleeping tents, hot showers, mobile CDF

command trailers and field kitchens, and an AT&T satellite repeater, which allowed Rich to use his cell phone.

The CDF/DMAT medical strike team served as the Medical Unit in the Logistics Section at the fire camp. Medical personnel were also stationed at a CDF camp near La Cruz, and CDF EMTs were at the fire lines. Dr. Wampler treated patients in a trailer. The most common complaints were eye and foot problems, sprains, and poison oak. The most serious problem was a patient suffering from severe exhaustion and dehydration, who had to be taken by ambulance to an emergency room.

Renee Roberts served at the Mussolini fire near Yreka in July, with CA-11's Jim Sachs. She was gone for three days and two nights, and was stationed at the Siskiyou County fairgrounds, which had been turned into a giant CDF fire camp.

Most of the medical problems Renee's team treated were minor, including bumps, cuts, scrapes, sprains, and an abscessed spider bite. The most serious case involved a CYA fire fighter, who had

apparently inhaled or ingested a toxic substance, and who had to be rushed by ambulance to an emergency room. Renee learned later that he had made a full recovery.

The CDF/DMAT medical team at the Mussolini fire generated positive press coverage. A July 19 article in the *Siskiyou Daily* stated that "... the Mussolini Fire ... could very well be remembered by the [CDF] as a turning point in the way medical care is provided to firefighters. The use of [a] DMAT as a part of the fire suppression activity for a CDF jurisdiction fire was a first-time event at the Mussolini Fire." The article continued, "As of Thursday, DMAT [personnel have] treated 42 firefighters. Many of them would have otherwise gone to the hospital ..." The article also quoted a CDF Information Officer who said, "I think DMAT will turn out to be one of our big success stories."

*Jim Rich, CA-11 Secretary*



*Unit Commander David Sprenger Gives a Moonlight talk on Austere Medical Treatment at Camp Sacramento*



# Camp Sacramento October 2002

